

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>United States of America</b>	COURT CASE NUMBER <b>16-01161</b>
DEFENDANT <b>KRISTINE L. SOURBEER</b>	TYPE OF PROCESS HANDDEL <i>Posting</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>KRISTINE L. SOURBEER</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) <b>104C Middle Street York Springs, PA 17372</b>	
SERVE AT	SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW
	Number of process to be served with this Form 285
	Number of parties to be served in this case
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 12/5/2016

NOV 09 2016

Signature of Attorney other Originator requesting service behalf of:

☒ PLAINTIFF  
☐ DEFENDANTTELEPHONE NUMBER  
215-627-1322DATE  
10/3/16

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>67</u>	District to Serve No. <u>67</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <u>10/28/16</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below.)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date <u>11/3/2016</u>	Time <u>1145</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>					
Service Fee <u>65.00</u>	Total Mileage Charges including odometer <u>25.92</u>	Forwarding Fee	Total Charges <u>90.92</u>	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund) <u>\$0.00</u>

REMARKS: 1 USM / 112 (65.00) + 48 m RT @ .54

## PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/80